



1638/\$

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Ozeki, et al.  
Appl. No. : 10/031,818  
Filed : March 6, 2002  
For : NOVEL MINIATURE INVERTED-  
REPEAT TRANSPOSABLE ELEMENTS  
(MITES)-LIKE ELEMENT AND  
TRANSCRIPTIONAL ACTIVATION  
ELEMENT  
Examiner : Collins, Cynthia E.  
Group Art Unit : 1638

**RESPONSE TO RESTRICTION REQUIREMENT AND THIRD  
SUPPLEMENTAL PRELIMINARY AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Restriction Requirement mailed March 12, 2004, Applicants submit the following response and respectfully request the Examiner to enter the following amendments.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.

04/21/2004 MBERHE 00000106 10031818

01 FC:1202  
02 FC:1203

36.00 0P  
290.00 0P



## TRANSMITTAL

Applicant : Ozeki, et al.  
 App. No. : 10/031,818  
 Filed : March 6, 2002  
 For : NOVEL MINIATURE  
 INVERTED-REPEAT  
 TRANSPOSABLE ELEMENTS  
 (MITES)-LIKE ELEMENT AND  
 TRANSCRIPTIONAL  
 ACTIVATION ELEMENT  
 Examiner : Collins, Cynthia E.  
 Art Unit : 1638

## CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

April 15, 2004

(Date)

Che Swyden Chereskin, Ph.D., Reg. No. 41,466

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Response to Restriction Requirement and Third Supplemental Preliminary Amendment in 5 pages.

The fee has been calculated as shown below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Total Claims	22 - 20 = 2	1202 (\$18)	2 x 18 =	\$36
Independent Claims	4 - 6 = 0	1201 (\$86)	0 x 86 =	\$0
Multiple Claim		1203 (\$290)		\$290
1 Month Extension		1251 (\$110)		\$110
			<b>TOTAL FEE DUE</b>	<b>\$436</b>

- (X) An extension of time is hereby requested by payment of the appropriate fee indicated above.
- (X) A check in the amount of \$436 is enclosed.
- (X) Return prepaid postcard.

Docket No.: SAEG100.001APC

Customer No.: 20,995

- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



Che Swyden Chereskin, Ph.D.

Registration No. 41,466

Agent of Record

Customer No. 20,995

(949) 760-0404

H:\DOCS\CSC\CSC-6887.DOC  
041504